

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 10/07/2021
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445442	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 10/05/2021
NAME OF PROVIDER OR SUPPLIER AHC CRESTVIEW			STREET ADDRESS, CITY, STATE, ZIP CODE 704 DUPREE ROAD BROWNSVILLE, TN 38012	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K 000	<p>INITIAL COMMENTS</p> <p>Stories: 1 Construction Type: II (000) Sprinkled: yes Constructed: 1968</p> <p>Life Safety Code Survey was conducted by the State of Tennessee Department of Health Division of Health Licensure and Regulation Office of Health Care Facilities on 10/05/2021. During this life safety survey, AHC Crestview was found in substantial compliance with the requirements for participation in Medicare/Medicaid at 42 CFR Subpart 483.90(a), Life Safety from Fire, and the related National Fire Protection Association (NFPA) standard 101-2012.</p> <p>Note: This survey process was modified during this COVID-19 Public Health Emergency as allowed by the COVID-19 Emergency Declaration Blanket Waivers for Health Care Providers and QSO Memo 20-31-All.</p> <p>The requirement at 42 (CFR), Subpart 483.90 (a) are MET as evidenced by:</p>	K 000		

RECEIVED
OCT 25 2021
BY: *an*

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Ann Senlock Moore

Administrator

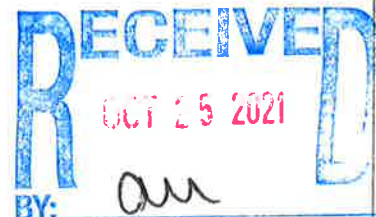
10/22/21

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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E 000	Initial Comments During the Emergency Preparedness Survey completed on 10/05/2021, this facility was found to be in compliance with all Emergency Preparedness requirements.	E 000			



LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Ann Seubert-Morse

TITLE

Administrator

(X6) DATE

10/22/21

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